

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 785(CR)2 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11	/		/			
12	0		/			
13	/		/			
14	/		/			
15	/		/			
16	/		/			
17	4		/			
18	/		/			
19	/		/			
20	/		/			
21	/		/			
22	2		/			
23	/		/			
24	2		/			
25	/		/			
26	/		/			
27	/		/			
28	/		/			
29	/		/			
30	/		/	55		
31	/		/			
32	2		/			
33	0		/			
34	0		/			
35	0		/			
36	/		/			
37	/		/			
38	/		/			
39	/		/			
40	/		/			
41	/		/			
42	/		/			
43	/		/			
44	1		/			
45	2		/			
46	0		/			
47	0		/			
48	/		/			
49	/		/			
50	2		/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*
51	2				
52	2				
53	/		/		
54	/		/		
55	/		/		
56	/		/		
57	/		/		
58	/		/		
59	/		/		
60	/		/		
61	2				
62	0				
63	1		31		
64	/		/		
65	8				
66	8				
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98					
99					
100					
TOTAL IND.			12		
TOTAL DEP.			55		
TOTAL CLAIMS			67		